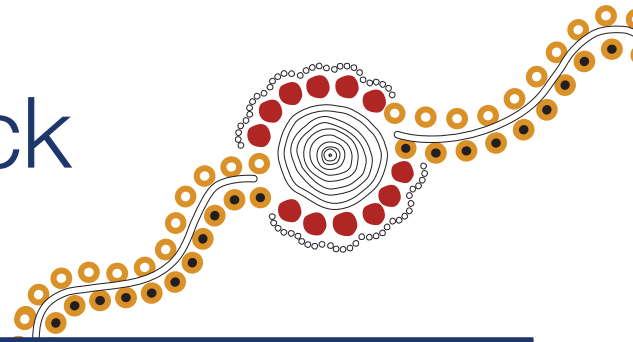




# Consumer Feedback



## How to tell us what is happening to you

### Talk to someone

Talk to the staff who are caring for you or ask to speak to the person in charge

Contact our Consumer Liaison Office:  
AKG\_Consumerliaison@health.wa.gov.au  
(08) 9391 1153  
Mon - Fri 8:30am - 4:30pm

### Share your story

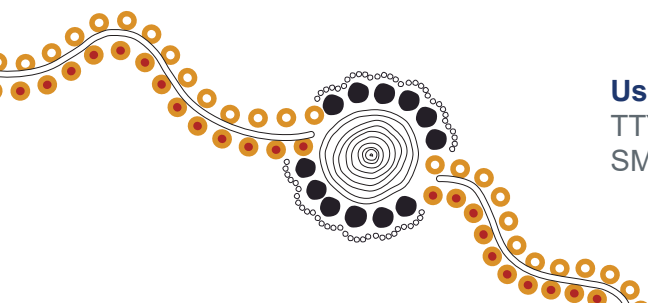
Complete a survey which will be offered by staff, or request a feedback form

Tell your story anonymously at [www.careopinion.org.au](http://www.careopinion.org.au)

### Help us help you

Ask staff if you need help with language interpreting or accessibility

Become a Consumer Representative or Volunteer:  
AKG\_Consumerliaison@health.wa.gov.au



### Using hearing or speech services

TTY or modem users: call 133 677 and quote (08) 9391 1153  
SMS relay: 0423 677 767





**Please tell us who made a difference in your care, what went well for you, or share other comments or suggestions you may have.**

**Name:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**What went well and/or what could be improved:**

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Please scan or take a photo of this form to email to: [AKG\\_Consumerliaison@health.wa.gov.au](mailto:AKG_Consumerliaison@health.wa.gov.au) or give to one of the staff members to forward to us directly.

The Armadale Kalamunda Group is always seeking to improve by listening to consumer and carer input. This can involve auditing, sitting on Committees or working groups, the training of staff, reviewing publications and policies, etc. It could be on an ad-hoc basis or regular monthly meetings.

**Is this something you would like to help us with?**

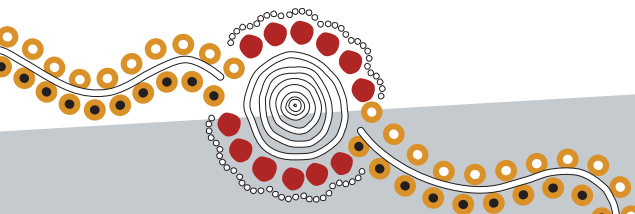
To find out more, write your name and contact details below and deliver it to a staff member and we will contact you or send an email to the Consumer Engagement team at [AKG\\_Consumerliaison@health.wa.gov.au](mailto:AKG_Consumerliaison@health.wa.gov.au) outlining why you would like to provide a Voice for Improvement.

**Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_



This document can be made available in alternative formats on request.